

COMMUNITY-BASED PSYCHOSOCIAL INTERVENTIONS FOR REFUGEES LIVING IN AUSTRALIA

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1st Australia and New Zealand Refugee Trauma Recovery
in Resettlement Conference

Sydney, Australia

29-31 March 2017

PRESENTATION OVERVIEW

1. Research Context : why?
2. Research Questions : what?
3. Research Process and Methods : how?
4. Preliminary Findings: what happened?
 - a. Community-based Programs and Methods
 - b. Theoretical Approaches and Goals
 - c. Social Capital Evaluation
 - d. AVP Case Study

1. RESEARCH CONTEXT

- A. Settings where community-based psychosocial programs provided for people dealing with trauma after mass violence:
 - ☐ country of origin: focus on Burundi
 - ☐ resettlement country: focus on Australia
- B. Studies on psychosocial outcomes of community-based psychosocial programs
- C. Concepts, theories and models of trauma, recovery and psychosocial transformation

COLLECTIVE TRAUMA, RECOVERY AND COMMUNITY RESILIENCE

- As **collective trauma** refers to disruptions of relationships at all levels of human systems, **recovery** then involves collective processes of readjustment and adaptation and the mobilization of capacities for resilience in families and communities.
- **Community resilience** refers to a community's capacity, hope and faith to withstand major trauma and loss, overcome adversity and to prevail, usually with increased resources, competence and connectedness.

— Jack Saul (2014) *Collective Trauma, Collective Healing*. New York: Routledge, pp. 6-8.

COLLECTIVE TRAUMA IN BURUNDI

- cycles of ethnic and political unrest and mass violence
- trauma experienced by victims/survivors, witnesses and perpetrators of mass violence
- 25% of population traumatised according to clinical definitions of PTSD: unable to cope with a normal life
- even though the majority of people may appear to be coping, psychological well-being, family and social relationships affected, as well as economic productivity
- community-based approaches to trauma healing and reconciliation to complement limited availability of psychologists and clinical therapy-based interventions



TRAUMA HEALING AND RECONCILIATION SERVICES

- listening rooms
- support and self-help groups
- Alternatives to Violence Project (AVP)
- Healing of Memories workshops
- Victims of Torture project
- Conflict Mitigation and Reconciliation
- Rescue and Reintegrate Children
- Community Peace Clubs



THARS: 'Here we heal trauma.'

THARS was started in 2000 by Burundian Quaker Pastor David Niyonzima with the support of the African Great Lakes Initiative.

COMMUNITY HEALING IN BURUNDI

- individuals heal in the context of a group led by a trained facilitator (or 'listener') with a focus on listening
- educated about the impact of trauma on brain functioning and helped to understand their feelings, thoughts and behaviours
- provide a **safe space** for people to express what happened to them and to realise they are not alone: **acknowledgement**
- psychological barriers of fear, anger and suspicion that separate people from others begin to erode, and people begin to reach out to others in friendship: **reconnection**
- contribute to restoring hope, dignity, well-being and social trust
- help people to feel empowered, raise self-esteem, develop self-reliance and coping strategies to re-engage productively in life and work, and build individual and community **resilience**

THREE PILLARS OF EMPOWERMENT

1. economic empowerment
2. social empowerment
3. political empowerment



Support group projects include sewing, soap making, basket weaving, gardens and goat raising: practical and productive



2. RESEARCH QUESTIONS

1. What types of community-based psychosocial programs and services are being offered to people from a refugee background in Australia, and how do these compare with what is offered in countries of origin such as Burundi?
2. What are the goals and methods used in community-based psychosocial programs and how do they contribute to building social cohesion, community resilience and social capital?

3a. RESEARCH AIMS & PROCESS

- to collate information from FASSTT member agencies and other organisations offering community-based or community-oriented psychosocial programs to people from a refugee background in Australia
- to complement and compare with methods being used and field research data collected in Burundi
- to build a comprehensive database or matrix of different types of community-based psychosocial interventions, their goals, processes, participants, evaluation methods and reported outcomes

3b. RESEARCH METHODS

Stage 1: mapping and literature research about studies of community-based psychosocial programs offered for people from a refugee background in Australia and other resettlement countries, including any evidence-based studies of their impact

Stage 2: *site visits and interviews with service providers and program facilitators*, at FASSTT member agencies and other organisations which offer community-based psychosocial programs for people from a refugee background

Stage 3: *interviews with program participants* and where possible and ethically appropriate, ***participant observation*** of programs in action.

4. PRELIMINARY FINDINGS

- a large number and variety of community-oriented and community-based approaches have been pursued in addition to clinical therapeutic interventions in order to support the psychosocial well-being and community development of people from a refugee background
- designed to increase the internal strengths and capacities of refugee communities, including social networks, skills base and community participation
- service providers include government agencies, charities/non-government organisations, social enterprises and universities

SERVICE PROVIDERS

- 1) programs developed, offered and delivered by FASSTT member agencies, e.g. ***Families in Cultural Transition (FICT)***, ***Capoeira***, ***Sporting Linx***, ***Drumbeat***, ***Karen Community Garden Project***
- 2) programs offered by FASTT member agencies but developed and delivered by other organisations, e.g. ***Treehouse Theatre*** and ***Alternatives to Violence Project (AVP)***
- 3) programs developed, offered and delivered by other organisations, such as Migrant Resource Centres, Settlement Services International, Anglicare, The Salvation Army, etc

METHODS USED IN PSYCHOSOCIAL PROGRAMS

- ☐ psycho-education groups, learning about trauma
- ☐ storytelling, testimonials, sharing experiences
- ☐ community advisory, self-help and support groups
- ☐ education and skills training in conflict resolution, alternatives to violence, parenting, leadership, citizenship, English language
- ☐ forgiveness and reconciliation workshops, events and activities
- ☐ community capacity-building, inclusion, engagement, partnerships, networking

METHODS USED IN PSYCHOSOCIAL PROGRAMS

- ☐ community projects using creativity, arts and crafts such as music, theatre, dance, drumming, art and sculpture
- ☐ community development, income generation projects, social enterprise
- ☐ community events and social activities such as cultural festivals and celebrations, dinners, playgroups, gardening, cooking
- ☐ exercise, recreation and sporting clubs and events
- ☐ targeting specific groups: women, men, youth, children, families, elderly, people with disabilities

THEORETICAL APPROACHES AND GOALS

- social cohesion
- social inclusion
- community resilience
- community empowerment
- community capacity building
- assets based community development
- strengthening social capital
 - ☐ bonding capital – social connections
 - ☐ bridging capital – horizontal connections
 - ☐ linking capital – vertical connections

SOCIAL CAPITAL EVALUATION

1. Social Connection and Network (SCN)
Objectives and Indicators
2. Social Capital Relational Norms (SCRN)
Objectives and Indicators
3. Social Capital Enabler (SCE) Objectives
and Indicators
 - ☐ individual capacities
 - ☐ community capacities
 - ☐ socio-political factors

- Linda Bartolomei, Emma Pittaway & Kristy Ward, *'The Glue that Binds': The Social Capital Evaluation Tool*, STARTTS & UNSW Centre for Refugee Research, Sydney, 2013.



Alternatives to Violence Project

- first workshop held in 1975 in Greenhaven prison, New York
- initiative of prison inmates created with the Quakers
- original aim was to learn skills to deal with conflict without using violence in order to reduce reoffending amongst young offenders
- workshops based on nonviolence training from the American civil rights movement, and Creative Conflict Resolution for Children (CCRC, a school-based experiential learning program)
- workshops now run in communities as well as prisons in more than 50 countries around the world

THEMES AND PHILOSOPHY OF AVP

- affirmation of ourselves and others: 'We look for the good in everyone.'
- community skills: building trust, respect and inclusiveness
- conflict resolution: transforming power through finding common ground and active nonviolence

PRINCIPLES AND PRACTICE OF AVP

- ground rules (creating a safe space)
- experiential learning (learning by doing)
- spiritual focus (but not religious)
- it may be healing (but it is not therapy)
- 'light and livelies' (games and laughter)
- mutual learning and feedback

Alternatives to Violence Project (AVP)

- adapted for use in refugee communities

- aim to provide people from a refugee background with strategies for building cooperative relationships and skills in non-violent conflict resolution
- initiated in 2010 by Melaleuca Refugee Centre in Darwin, funded by NT Department of Children and Families
- 2 day Basic, Advanced and Facilitator Training workshops offered by AVP through STARTTS in Sydney each year since 2012
- also offered through ASeTTS in Perth and in Brisbane
- variously badged as 'Peace Leadership Training' and 'Community Conflict Transformation'

EVALUATION OF AVP WORKSHOPS

- Previous studies conducted overseas, focussed on evaluating outcomes of AVP workshops in terms of:
 - building self-esteem
 - enhancing communication skills
 - developing capacity for trust and cooperation
 - learning non-violent methods for managing conflict
- Melaleuca report to NT DCF 2014 AVP outcomes:
 - enhanced control, reduced fear and anxiety, restored attachment and connection to others, restored dignity and value, and reduced excessive shame.
 - improved relationships underpinned by respect and effective communication; empowerment to make choices and have a voice; safe, positive and shared parenting; and enhanced awareness of self and others.

STARTTS AVP EVALUATION PROJECT 2017

SOCIAL CAPITAL OBJECTIVES

SELECTED INDICATORS

- | | |
|--|--|
| <i>SCE Objective 7:</i> Increased self-confidence, self-esteem and self-worth | • increased ability to calmly handle difficult or culturally challenging situations |
| <i>SCE Objective 5:</i> Increased sense of safety and stability | • increased understanding of how to address and manage conflict |
| <i>SCRN Objective 2:</i> Increased trust | • increased willingness to engage with people from outside one's immediate community |
| <i>SCRN Objective 6 (adapted):</i> Increased harmony with family and other close social contacts | • increased positive communication with family members and other close social contacts |
| <i>SCN Objective 11:</i> Strengthened or expanded connections with people from outside one's immediate community | • increased positive relationships with people outside immediate community or locality |

STARTTS AVP EVALUATION PROJECT

Stage 1: General Self-Efficacy Scale addressing SCE Objective 7

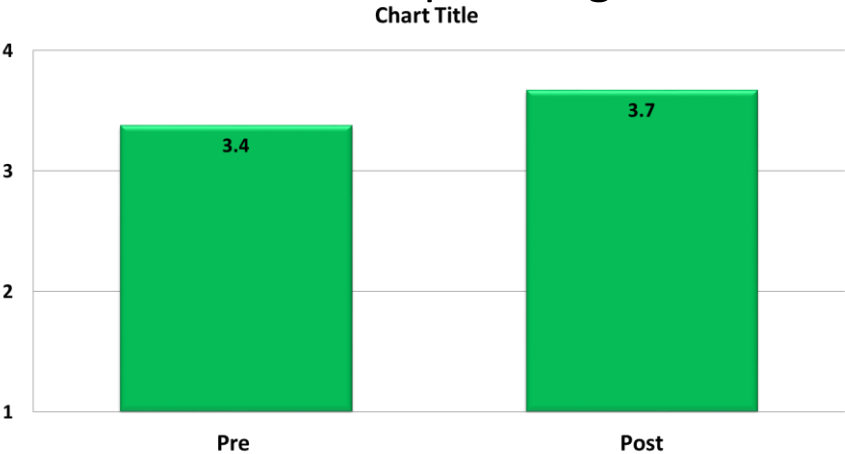
- administered pre- and post-workshop
- Basic, Advanced & Training for Facilitators workshops Feb-April 2017

Stage 2: General Self-Efficacy Scale with additional questions to address other identified indicators

Stage 3: Focus group discussions to assess immediate and longer term benefits

Questionnaire Results for STARTTS AVP Basic Workshop, February 2017

General Self Efficacy Scale* Basic Group Averages

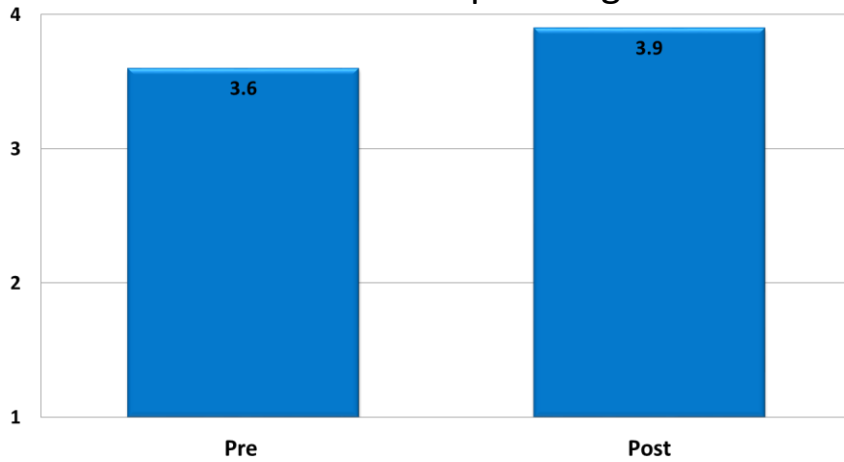


* GSES scores range between 1 and 4. Average score for the general population is generally around 2.9

Questionnaire Results for STARTTS AVP Advanced Workshop, March 2017

General Self Efficacy Scale*

Advanced Group Averages

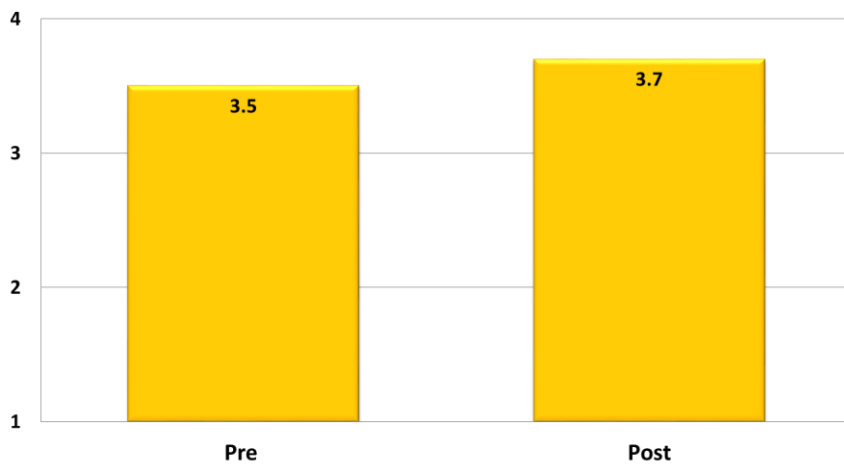


* GSES scores range between 1 and 4. Average score for the general population is generally around 2.9

Questionnaire Results for STARTTS AVP Training for Facilitators Workshop, April 2017

General Self Efficacy Scale*

Facilitator Training Group Averages



* GSES scores range between 1 and 4. Average score for the general population is generally around 2.9

General Self Efficacy Scale
Group Averages for Different Group Types

